Com Cities the Entitle Coo	or's US EPA ID No.	Manife			and 1 Inform	nation in	the shade
WASTE MANIFEST CAX QOQ 3. Generator's Name and Making Address	938 524		LI.	100	I is not		d by Feder
HURST LABELING SYSTEMS		~		A. DIM	871	18	7กิล
3625 W. FACIFIC AVE., BURBANK	CA 91505			B. Sta	ie Generator's I		
4. Generator's Phone (213)849-7281				Lı	1111		
5. Transporter 1 Company Name		ID Number			te Transporter's	C TO TO	内的智慧
7. Transporter 2 Company Name		01 D Number	Ц.		neporter's Phone		698-0
	1 1 1 1 1				sporter's Phone		, 25.7hres
9. Designated Facility Name and Site Address	10. US EPA	D Number		G. Ste	e Facility e ID	100	1755
OMEGA RECOVERY SERVICES					A[D]0 412	424	500
12504 E. WHITTIER BLVD	. (25) 042 245	001			#my's Phone 13) 698–(	1001	
WHITTIER, CA 90602	CAD 042 245	12	Cont		13, Total	14.	30€(11) 91 <b>T</b>
11. US DOT Description (Including Proper Shipping Name,	Hazard Class, and ID Numbe	r)	No.	Туре	3 Quantity	Unit WI/V	Was
WASTE ORM-A N.O.S. NA 16	93 ORM-A				'Y ∮		State
(FLEXOSOLVENT)		loq	18	DM		G	EPA/Othe
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c.				╁┸┤		-	State
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d.					<u> </u>		是認識
<b>v.</b>	1				d E		State
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J. Additional Descriptions for Materials Listed Above	:				dling Codes for		leted Above
		i.		<b>a</b> .	01	ь.	
				a.	*	d.	
•	2	*		ĺ	AF GS		1.
15. Special Handling Instructions and Additional Information	A				14		
	3 1	,					
	!	11			y.		
GENERATOR'S CERTIFICATION: I hereby declare name and are classified, packed, marked, and lab international and national government regulations.  If I am a large quantity generator, I certify that I ha determined to be economically practicable and that me which minimizes the present and future threat I faith effort to minimize my waste generation and sel	eled, and are in all respective a program in place to real the practic buman health and the en-	duce the volume licable method o	dition e and of trea	for trans toxicity of stment, a	sport by highward of waste generatorage, or disp	ated to the store of the store the s	ding to app he degree i rently available
rinted/Typed Namo	Signature Signature			· · · · · · · · · · · · · · · · · · ·			Month De
3 Vancours 1 has for the first	<u> </u>			A.			
7. Transporter 1 Acknowledgement of Receipt of Material rinted / Typed Name	Signatur	L KC	2	•#_	<del>//</del>		Month Da
(423 E MARTALET		FILV	1	2/	ene_		041
8. Transporter 2 Acknowledgement of Receipt of Materials		TOPE	7	4	-4		
rinted/Typed Name	Signature			-		$\overline{}$	Month De
9. Discrepancy Indication Space					<u> </u>		
o, one-spairo; molenton opaca	1					***	
Facility Owner or Operator Cartification of recent of be-	residue metaciale annes de	this manifest and	- car				
Facility Owner or Operator Certification of receipt of ha- inted/Typed Name	zardous materials covered by Signature	this manifest exc	ept n	s noted in	illejn 19.	·····	Month Day